

M-44 APPLICATOR'S MONTHLY REPORT

NAME: _____
 ADDRESS: _____
 CITY & ZIP: _____

PHONE: (406) _____

COUNTY: _____

MONTH/YEAR: _____

PLACEMENT LOCATION(S) by T R S: _____

Site Location	Devices Placed	Caps Placed	Caps Fired	Capsules Retrieved	<i>Species Taken</i>							
					Coyote	Fox	Dog	Bobcat	Badger	Skunk	Other	Unknown
Sheep Pasture												
Cattle Pasture												
Rangeland												
TOTAL												

# of Coyotes taken per the # of each set location made	KS*	DS	BP	TT	RW	SW	DA	O()
	/	/	/	/	/	/	/	/

* Refer to M-44 Record Diary Key for Set Location Codes

Total number of M-44 Units in the field (last day of each month): _____ Applicator's Signature: _____

Comments: _____

REPORT OF LIVESTOCK LOSSES

Producer Name / Address	Type of Livestock	Number of Livestock Lost

List and describe any accidents or injuries to humans, domestic animals, or nontarget wildlife species (write on back if needed): _____

Name of individual who has knowledge of exact location of all sodium cyanide capsules placed in M-44 devices in the field.

Name: _____ Phone: () _____

Address: _____ City & Zip: _____

Send Monthly M-44 Reports on June 30th and December 31st of each year to:

Montana Department of Livestock, Animal Health Division, PO Box 202001, Helena, MT 59620-2001

mo-rpt_frm/rev 2/01